



### BASEMENT FLOOR

Basement Floor is (check all that apply): Concrete ☐ Dirt ☐ Tile ☒ Other \_\_\_\_\_

Integrity of Basement Floor: Good ☒ Fair ☐ Poor ☐

Are there cracks in the basement floor? Yes ☐ No ☒

Describe: \_\_\_\_\_

Is there exposed soil in the basement floor? Yes ☐ No ☒

If so, explain: \_\_\_\_\_

### BASEMENT WALLS

Basement Walls are (check all that apply):  
Poured concrete ☐ Cement Block ☒ Stone ☐ Wood ☐ Brick ☐ Other \_\_\_\_\_

Integrity of the Basement Walls: Good ☒ Fair ☐ Poor ☐

Are there cracks in the basement walls? Yes ☐ No ☒

Describe: \_\_\_\_\_

Is there exposed soil in the basement walls? Yes ☐ No ☒

If so, explain: \_\_\_\_\_

### CRAWLSPACE SECTION

Crawlspace Percentage of House Footprint: \_\_\_\_\_

Crawlspace floor type: Concrete ☐ Dirt ☐ Gravel ☐ Other: \_\_\_\_\_

Crawlspace construction type: Wood ☐ Brick ☐ Concrete ☐ Cement block ☐

Accessibility: Indoor ☐ Outdoor ☐

Describe entry points: \_\_\_\_\_

### UTILITY SECTION

Electrical Service Amperage is: Fuse ☐ Circuit ☐ Other Unknown

Are there any evident electrical hazards? Yes ☐ No ☐ Explain \_\_\_\_\_

### EXTERIOR DESCRIPTION (Provide Field Drawing)

Is there a garage? Yes ☐ No ☒ Attached ☐ Unattached ☐

Is there a storage shed or other building unit on property?

Yes ☐ No ☒ Attached ☐ Unattached ☐ Describe: \_\_\_\_\_

**HOUSEHOLD ITEMS****Sources of Chemical Contaminants**

Potential VOC Source	Item Stored In Sample Area? (Yes or No)	Storage Location	Removed 24 hours prior to sampling (Yes/No/NA)
Paints or paint thinners	N		
Gas-powered equipment			
Gasoline storage cans			
Cleaning solvents			
Air fresheners			
Carpet/upholstery cleaners			
Aerosol Hairspray			
Nail polish/remover			
Bathroom cleaner			
Degreaser			
Furniture/floor polish			
Moth balls			
Dry cleaning kits			
Fuel tank			
Liquid Paper			
Compressed air			
Hobby supplies			
Scented candles, potpourri, etc.			
Other			

**ADDITIONAL POTENTIAL INTERFERENTS**

Is there evidence of regular smoking inside the structure?

Yes

☐

No

☒

Do the occupants frequently have their clothes dry-cleaned?

☐☒

Have you recently remodeled or painted?

☐☒When?Where?Type?

Are any project specific source s present in home (e.g. pesticides, insecticides, pcbs)?

☐☐**ANY OTHER COMMENTS**

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**Sample Log**  
**Wedron GW Removal**  
**Wedron, LaSalle County, IL**

Address:

2009 N 3462nd Rd

Owner's Name:

Fairmount Minerals (commercial business)

Telephone No:

Occupant's Name (if tenant):

Telephone No:

Is resident living in basement?

YES

☐

NO

☒

**Sub-Slab Sample:**

Start Date/Time	Barometric Pressure	Outside Temp	Vacuum at Start	Sample ID#	ppbRAE VOC Conc.	SUMMA Canister ID	Regulator ID
10-15-13 10:30	29.93" <del>30.2</del> (05)	57	-29.2" <del>30.2</del>	WG-55 01-101613	45 ambient 90 in hole drilled	044	7249366

End Date/Time	Vacuum at End	Location of Sub-Slab Sample
10-16-13 10:24 <del>10:28</del>	-17.2"	Basement, central location.

**Indoor Air Sample:**

Start Date/Time	Barometric Pressure	Outside Temp	Vacuum at Start	Sample ID#	ppbRAE VOC Conc.	SUMMA Canister ID	Regulator ID
10-15-13 10:35	29.93"	57	-29.6"	55 WG-1A01-101613	45 ppb	057	7306977

End Date/Time	Vacuum at End	Location of Indoor Air Sample
10-16-13 <del>10:28</del> 10:29	-3.8"	Basement, on shelf

**PICTURES TO BE TAKEN:**

Inside basement (all 4 directions)

YES

☒

NO

☐

Sub-slab sample

YES

☒

NO

☐

Indoor air sample

YES

☒

NO

☐

Outside of residence (all 4 directions)

YES

☐

NO

☐

**IF HOUSE HAS A VAPOR ABATEMENT SYSTEM:**

U-Tube Manometer (inches water column) \_\_\_\_\_ (ideal is greater than 1)

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

(ideal digital manometer vacuum reading is at least 0.01)

TYPE OF AIR SAMPLING

☒

Initial

☐

\_\_\_\_-day post mitigation

☐

\_\_\_\_-day post mitigation

☐

Quarterly Sample

Other \_\_\_\_\_

Comments:

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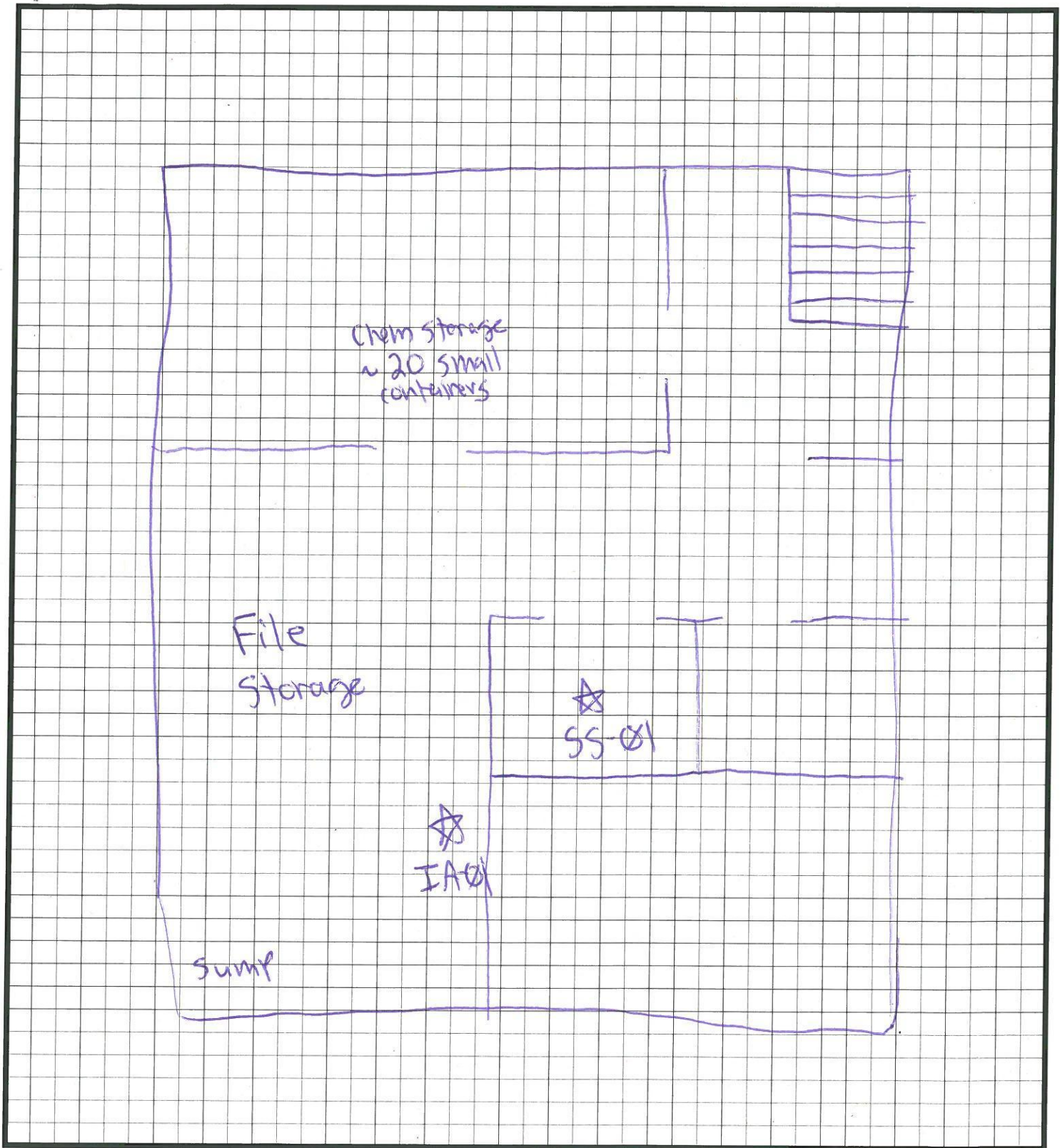


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# BASEMENT DIAGRAM



Draw in the following:  
Extraction point location(s)  
Vacuum Probe testing locations  
Initial sub-slab probe location  
Initial indoor air sample location

No VOC sources located  
Background = 40 ppb





## VAPOR INTRUSION ASSESSMENT SURVEY

Date: 10/15/2013 Address/Property ID: [REDACTED]

Assessor Name & Affiliation: David Sena / Weston Solutions

### BUILDING CONSTRUCTION SECTION

Type of Structure:      Single Family      Duplex      Condominium      Townhouse      Other  
☒      ☐      ☐      ☐      \_\_\_\_\_

Number of Floors: 2

Age of Structure/Year Built: \_\_\_\_\_

Slab on grade? (If yes, see slab section for additional description)      Yes ☐      No ☒

Basement? (If yes, see basement section for additional description)      ☒      ☐

Finished ☐      Unfinished ☒

Crawlspace? (If yes, see crawlspace section for additional description)      ☒      ☐

Approximate square footage of the footprint and the structure: \_\_\_\_\_

General aboveground construction (check all that apply):

Wood ☒      Brick ☐      Concrete ☐      Cement block ☐      Other \_\_\_\_\_

Foundation construction (check all that apply):

Concrete slab ☐      Fieldstone ☒      Concrete block ☐      Elevated above ground/grade ☐

Other \_\_\_\_\_

Integrity of structure (check all that apply):

Good ☒      Fair ☐      Poor ☐      Other \_\_\_\_\_

Has the structure been weatherized (i.e. insulation, replacement or storm windows)?

Yes ☐      No ☐      Unknown

### BASEMENT/SLAB SECTION

Does anyone reside in the basement?      Yes ☐      No ☒

Basement Dimensions: 13' x 18'

Basement/Slab Description (Provide Field Drawing)

### BASEMENT FLOOR

Basement Floor is (check all that apply): Concrete ☒ Dirt ☐ Tile ☐ Other \_\_\_\_\_

Integrity of Basement Floor: Good ☒ Fair ☐ Poor ☐

Are there cracks in the basement floor? Yes ☒ No ☒  
Describe: water channel, not really a crack

Is there exposed soil in the basement floor? Yes ☒ No ☐  
If so, explain: crawl space areas

### BASEMENT WALLS

Basement Walls are (check all that apply):  
Poured concrete ☐ Cement Block ☐ Stone ☒ Wood ☐ Brick ☒ Other soil

Integrity of the Basement Walls: Good ☒ Fair ☐ Poor ☐

Are there cracks in the basement walls? Yes ☐ No ☒  
Describe: \_\_\_\_\_

Is there exposed soil in the basement walls? Yes ☐ No ☒  
If so, explain: in crawl space areas

### CRAWLSPACE SECTION

Crawlspace Percentage of House Footprint: 5%

Crawlspace floor type: Concrete ☐ Dirt ☒ Gravel ☐ Other: \_\_\_\_\_

Crawlspace construction type: Wood ☐ Brick ☐ Concrete ☐ Cement block ☐

Accessibility: Indoor ☒ Outdoor ☐

Describe entry points: \_\_\_\_\_

### UTILITY SECTION

Electrical Service Amperage is: Fuse ☒ Circuit ☐ Other \_\_\_\_\_

Are there any evident electrical hazards? Yes ☒ No ☐ Explain \_\_\_\_\_

### EXTERIOR DESCRIPTION (Provide Field Drawing)

Is there a garage? Yes ☒ No ☐ Attached ☐ Unattached ☒

Is there a storage shed or other building unit on property?  
Yes ☒ No ☐ Attached ☐ Unattached ☒ Describe: \_\_\_\_\_



### HOUSEHOLD ITEMS

#### Sources of Chemical Contaminants

Potential VOC Source	Item Stored In Sample Area? (Yes or No)	Storage Location	Removed 24 hours prior to sampling (Yes/No/NA)
Paints or paint thinners	<u>Y</u>		<u>No, in basement</u>
Gas-powered equipment	<u>N</u>		
Gasoline storage cans	<u>N</u>		
Cleaning solvents	<u>N</u>		
Air fresheners	<u>N</u>		
Carpet/upholstery cleaners	<u>N</u>		
Aerosol Hairspray	<u>N</u>		
Nail polish/remover	<u>N</u>		
Bathroom cleaner	<u>N</u>		
Degreaser	<u>N</u>		
Furniture/floor polish	<u>N</u>		
Moth balls	<u>N</u>		
Dry cleaning kits	<u>N</u>		
Fuel tank	<u>N</u>		
Liquid Paper	<u>N</u>		
Compressed air	<u>N</u>		
Hobby supplies	<u>N</u>		
Scented candles, potpourri, etc.	<u>N</u>		
Other			

### ADDITIONAL POTENTIAL INTERFERENTS

Is there evidence of regular smoking inside the structure?

Yes

No

☐☒

Do the occupants frequently have their clothes dry-cleaned?

☐☒

Have you recently remodeled or painted?

☐☒

When?

Where?

Type?

Are any project specific source s present in home (e.g. pesticides, insecticides, pcbs)?

☐☒

### ANY OTHER COMMENTS

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**Sample Log**  
**Wedron GW Removal**  
**Wedron, LaSalle County, IL**

Address:

Owner's Name:

Telephone No:

Occupant's Name (if tenant):

Telephone No:

Is resident living in basement?

YES ☐ NO ☒

**Sub-Slab Sample:**

Start Date/Time	Barometric Pressure	Outside Temp	Vacuum at Start	Sample ID#	ppbRAE VOC Conc.	SUMMA Canister ID	Regulator ID
10-15-13 11:30	29.98"	57°F	-30.0	WGW-SS 02-101613	65 ambient 460 in drilled hole	169	7248163

End Date/Time	Vacuum at End	Location of Sub-Slab Sample
10-16-13 11:30	-3.8"	Central Basement Floor

**Indoor Air Sample:**

Start Date/Time	Barometric Pressure	Outside Temp	Vacuum at Start	Sample ID#	ppbRAE VOC Conc.	SUMMA Canister ID	Regulator ID
10-15-13 11:35 11:30	29.98"	57°F	-3.0	WGW-IA 02-101613	105 ambient	0660	7339636

End Date/Time	Vacuum at End	Location of Indoor Air Sample
10-16-13 11:35	-4.2"	Dining room table

**PICTURES TO BE TAKEN:**

Inside basement (all 4 directions)

YES ☒ NO ☐

Sub-slab sample

YES ☒ NO ☐

Indoor air sample

YES ☒ NO ☐

Outside of residence (all 4 directions)

YES ☐ NO ☐

**IF HOUSE HAS A VAPOR ABATEMENT SYSTEM:**

U-Tube Manometer (inches water column) \_\_\_\_\_ (ideal is greater than 1)

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

(ideal digital manometer vacuum reading is at least 0.01)

TYPE OF AIR SAMPLING ☐ Initial ☐ \_\_\_-day post mitigation ☐ \_\_\_-day post mitigation ☐ Quarterly Sample

Other \_\_\_\_\_

Comments:

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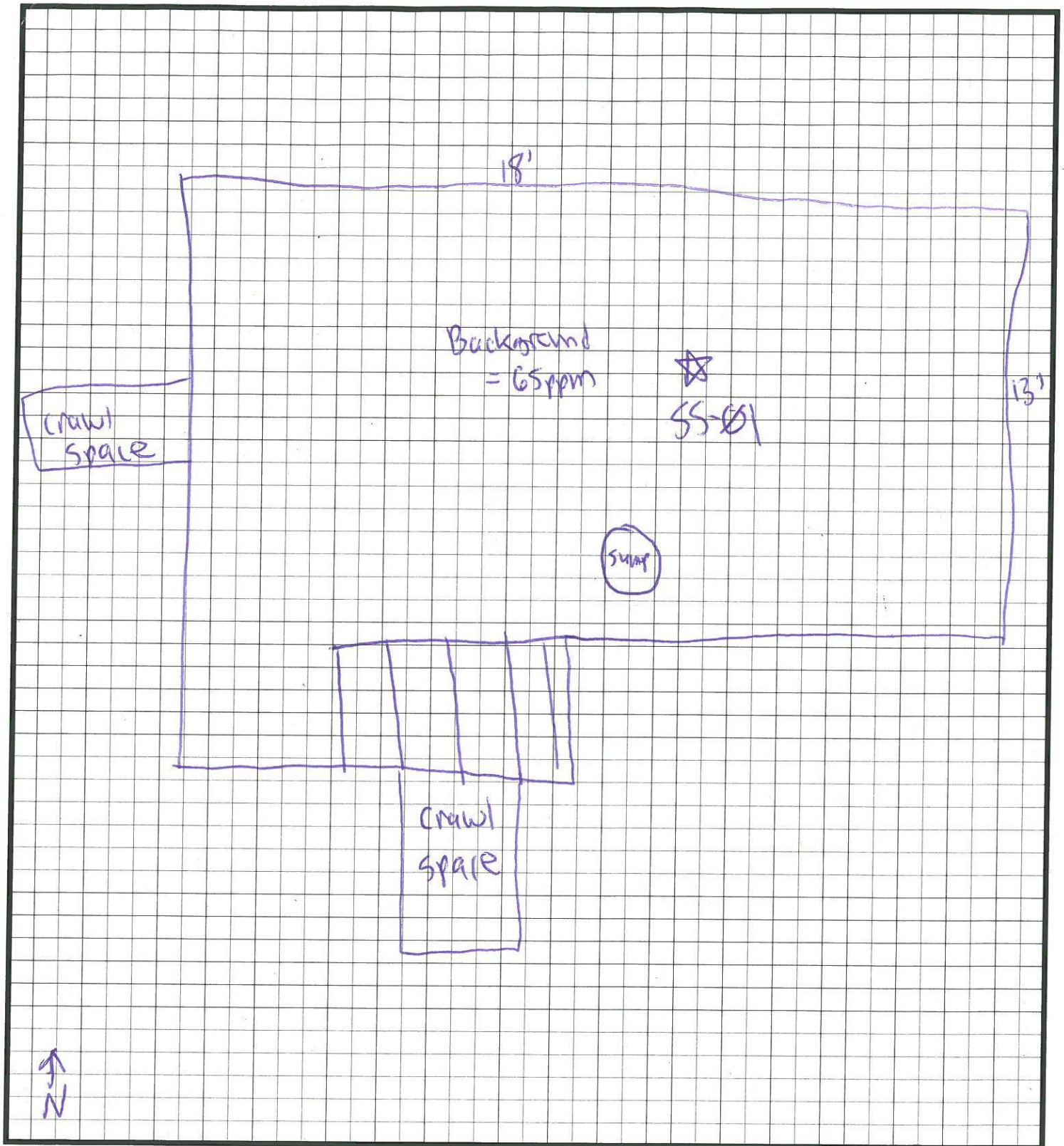
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# BASEMENT DIAGRAM



- Draw in the following:
- Extraction point location(s)
  - Vacuum Probe testing locations
  - Initial sub-slab probe location
  - Initial indoor air sample location





**VAPOR INTRUSION ASSESSMENT SURVEY**

Date: 10/15/2013 Address/Property ID: [REDACTED]

Assessor Name & Affiliation: David Sena / Weston Solutions

**BUILDING CONSTRUCTION SECTION**

Type of Structure:      Single Family ☒      Duplex ☐      Condominium ☐      Townhouse ☐      Other \_\_\_\_\_

Number of Floors: 2

Age of Structure/Year Built: \_\_\_\_\_

Slab on grade? (If yes, see slab section for additional description)      Yes ☐      No ☒

Basement? (If yes, see basement section for additional description)      ☒      ☐

Finished ☐      Unfinished ☒

Crawlspace? (If yes, see crawlspace section for additional description)      ☐      ☒

Approximate square footage of the footprint and the structure: \_\_\_\_\_

General aboveground construction (check all that apply):

Wood ☐      Brick ☐      Concrete ☐      Cement block ☐      Other \_\_\_\_\_

Foundation construction (check all that apply):

Concrete slab ☒      Fieldstone ☐      Concrete block ☒      Elevated above ground/grade ☐

Other \_\_\_\_\_

Integrity of structure (check all that apply):

Good ☒      Fair ☐      Poor ☐      Other \_\_\_\_\_

Has the structure been weatherized (i.e. insulation, replacement or storm windows)?

Yes ☐      No ☐

**BASEMENT/SLAB SECTION**

Does anyone reside in the basement?      Yes ☒      No ☐

Basement Dimensions: \_\_\_\_\_

Basement/Slab Description (Provide Field Drawing)

### BASEMENT FLOOR

Basement Floor is (check all that apply): Concrete ☒ Dirt ☐ Tile ☐ Other \_\_\_\_\_

Integrity of Basement Floor: Good ☒ Fair ☐ Poor ☐

Are there cracks in the basement floor? Yes ☒ No ☒

Describe: few minor cracks

Is there exposed soil in the basement floor? Yes ☐ No ☒

If so, explain: \_\_\_\_\_

### BASEMENT WALLS

Basement Walls are (check all that apply):  
Poured concrete ☒ Cement Block ☒ Stone ☐ Wood ☐ Brick ☐ Other \_\_\_\_\_

Integrity of the Basement Walls: Good ☒ Fair ☐ Poor ☐

Are there cracks in the basement walls? Yes ☒ No ☐

Describe: few repaired wall cracks in walls observed

Is there exposed soil in the basement walls? Yes ☐ No ☒

If so, explain: \_\_\_\_\_

### CRAWLSPACE SECTION

NA

Crawlspace Percentage of House Footprint: \_\_\_\_\_

Crawlspace floor type: Concrete ☐ Dirt ☐ Gravel ☐ Other: \_\_\_\_\_

Crawlspace construction type: Wood ☐ Brick ☐ Concrete ☐ Cement block ☐

Accessibility: Indoor ☐ Outdoor ☐

Describe entry points: \_\_\_\_\_

### UTILITY SECTION

Electrical Service Amperage is: Fuse ☒ Circuit ☐ Other \_\_\_\_\_

Are there any evident electrical hazards? Yes ☐ No ☒ Explain \_\_\_\_\_

### EXTERIOR DESCRIPTION (Provide Field Drawing)

Is there a garage? Yes ☒ No ☐ Attached ☒ Unattached ☐

Is there a storage shed or other building unit on property?

Yes ☒ No ☐ Attached ☒ Unattached ☐ Describe: \_\_\_\_\_

**HOUSEHOLD ITEMS****Sources of Chemical Contaminants**

Potential VOC Source	Item Stored In Sample Area? (Yes or No)	Storage Location	Removed 24 hours prior to sampling (Yes/No/NA)
Paints or paint thinners	<input checked="" type="checkbox"/>		
Gas-powered equipment	<input checked="" type="checkbox"/>		
Gasoline storage cans	<input checked="" type="checkbox"/>		
Cleaning solvents	<input checked="" type="checkbox"/>		
Air fresheners	<input checked="" type="checkbox"/>		
Carpet/upholstery cleaners	<input checked="" type="checkbox"/>		
Aerosol Hairspray	<input checked="" type="checkbox"/>		
Nail polish/remover	<input checked="" type="checkbox"/>		
Bathroom cleaner	<input checked="" type="checkbox"/>		
Degreaser	<input checked="" type="checkbox"/>		
Furniture/floor polish	<input checked="" type="checkbox"/>		
Moth balls	<input checked="" type="checkbox"/>		
Dry cleaning kits	<input checked="" type="checkbox"/>		
Fuel tank	<input checked="" type="checkbox"/>		
Liquid Paper	<input checked="" type="checkbox"/>		
Compressed air	<input checked="" type="checkbox"/>		
Hobby supplies	<input checked="" type="checkbox"/>		
Scented candles, potpourri, etc.	<input checked="" type="checkbox"/>		
Other			

**ADDITIONAL POTENTIAL INTERFERENTS**

Is there evidence of regular smoking inside the structure?

Yes

No

☒☐

Do the occupants frequently have their clothes dry-cleaned?

☐☒

Have you recently remodeled or painted?

☐☒When?Where?Type?

Are any project specific source s present in home (e.g. pesticides, insecticides, pcbs)?

☐☒**ANY OTHER COMMENTS**


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**Sample Log**  
**Wedron GW Removal**  
**Wedron, LaSalle County, IL**

Address:

Owner's Name:

Telephone No:

Occupant's Name (if tenant):

Telephone No:

Is resident living in basement?

YES ☐

NO ☒

**Sub-Slab Sample:**

Start Date/Time	Barometric Pressure	Outside Temp	Vacuum at Start	Sample ID#	ppbRAE VOC Conc.	SUMMA Canister ID	Regulator ID
10-15-13 12:50	29.98"	57°F	-32.0"	WGW-SS03-101613	205 ppb -ambient 250 ppb in hole	063	7306919

End Date/Time	Vacuum at End	Location of Sub-Slab Sample
10-16-13 12:50	-5.0"	Basement

**Indoor Air Sample:**

Start Date/Time	Barometric Pressure	Outside Temp	Vacuum at Start	Sample ID#	ppbRAE VOC Conc.	SUMMA Canister ID	Regulator ID
10-15-13 13:00	29.98"	57°F	-27.5"	WGW-IA03-101613	282 ppb	182	7249385

End Date/Time	Vacuum at End	Location of Indoor Air Sample
10-16-13 13:00	0.0	Family Room, 1st Floor

**PICTURES TO BE TAKEN:**

Inside basement (all 4 directions)

YES ☒

NO ☐

Sub-slab sample

YES ☒

NO ☐

Indoor air sample

YES ☒

NO ☐

Outside of residence (all 4 directions)

YES ☒

NO ☐

**IF HOUSE HAS A VAPOR ABATEMENT SYSTEM:**

U-Tube Manometer (inches water column) \_\_\_\_\_ (ideal is greater than 1)

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

Vacuum Reading (inches water column) \_\_\_\_\_ at location \_\_\_\_\_

(ideal digital manometer vacuum reading is at least 0.01)

TYPE OF AIR SAMPLING

☒ Initial

☐ \_\_\_-day post mitigation

☐ \_\_\_-day post mitigation

☐ Quarterly Sample

Other \_\_\_\_\_

Comments:

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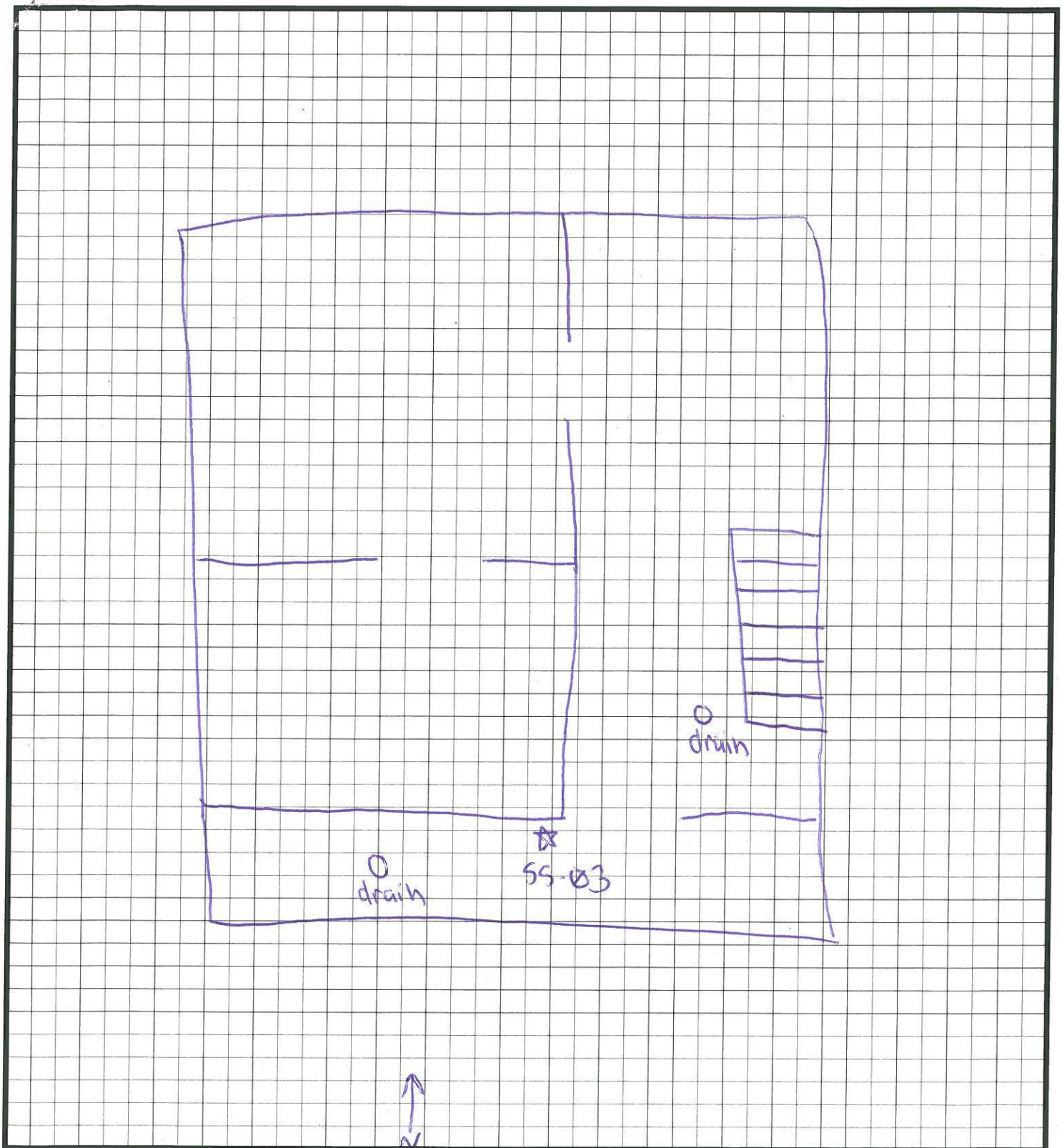
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## BASEMENT DIAGRAM



Draw in the following:

- Extraction point location(s)
- Vacuum Probe testing locations
- Initial sub-slab probe location
- Initial indoor air sample location

